

1983 FORM

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 USC § 1983

Frank A. Weston

In the United States District
Court for the Middle
District of Pennsylvania

1:19-CV-1212

FILED
SCRANTON

JUL 15 2019

PER [Signature]
DEPUTY CLERK

(Enter above the full name of the plaintiff or
plaintiff's in this action)

vs.

JUSTIN H. LEASBOWER, HS, LPC

cc Deputy Warden Weller,

PrimeCare Medical, Nurse, Sierra Helser

Officer Kirby, LT. Elliot, ET, Al, Defendants

(Enter above the full name of the defendant or
defendant's in this action)

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____ No ☒

- B. If your answer to A. is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

D. If your answer is NO, explain why not: _____

II. Parties

(In Item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any).

A. Name of plaintiff FRANK ALLEN WESTON
 Address 1804 OPPORTUNITY AVE, CHAMBERSBURG PA. 17201

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use Item C for the names, positions, and places of employment of any additional defendants).

B. Defendant JUSTIN M. LENSBOWER, MS, LPC.
 employed as HEALTH SERVICES ADMINISTRATOR
PRIMECARE, MEDICAL, NURSE, SIERRA HELSEN

C. Additional Defendants: LT. ELLIOTT, OFFICER KIRBY
OFFICER SHINDLERDECKER, OFFICER METZLER
OFFICER FRENCH, ET AL, DEFENDANTS
DEPUTY WARDEN WELER

III. Statement of Claim:

State here as briefly as possible the facts of the case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheet if necessary).

1. Parties to this previous lawsuit

Plaintiffs: NONEDefendants: NONE

2. Court (if Federal Court, name the district: if state court, name the county).

NONE

3. Docket Number _____

4. Name of judge to whom case was assigned:

NONE

5. Disposition (for example: was the case dismissed? Was it appealed? Is it still pending?)

NONE6. Approximate date of filing lawsuit: NONE7. Approximate date of disposition: NONEII. Place of Present Confinement: Franklin County JailA. Is there a prisoner grievance procedure in this institution? Yes ☒ No _____B. Did you present the facts relating to your complaint in the state prisoner grievance procedure: Yes ☒ No _____

C. If your answer is YES:

1. What steps did you take? 1st Notify Officer Kirby Nothing was done, then I went through all the steps2. What was the result? IT WAS DENIED

On 12-7-2017, I was getting out the shower when my back gave out on me I was walking Bent over. I asked (Officer Kirby) would you call medical. I can't with stand in a normal position, ~~was really~~ was it's not and emergency from 10:25 AM until 2:25 PM I was in extreme pain. By this time 2nd shift is here officer Farnich called medical and nurses. Sierra Helser gave me and E. K. C. and rolled me back to quilt-unit

IV. RELIEF

State briefly exactly what you want the court to do for you.

Make no legal arguments. Cite no cases or statutes.

I would like the court to process the case, and demand a jury trial seeking monetary damages 2.5 Million, for years of pain, and suffering, mental stress, official oppression, false segregation, abuse,

Franklin County Jail

Inmate Grievance Form

For Official Use Only

17-01308

Grievance Number

pg 192

Inmate Name:

Franklin Allen Weston

Date:

SEC 7.17 TIME 10:00 AM

Signature:

Franklin A Weston

Housing Location (Unit & Cell):

GUIN-UNIT 2-B

Grievance Issues: (Check all that Apply)

- ☒ Alleged violation of civil or constitutional rights
☐ Alleged violation of jail policy
☐ Alleged criminal or prohibited act by a staff member
☐ Alleged condition existing within the facility that creates unsafe or unsanitary conditions
☐ Dispute about the assessment of a specific fee or service charge

Instructions:

1. No grievance shall be considered that deals with the amount of your bond, matters concerning your court case, probation and parole decisions, disciplinary hearings and classification hearings. No grievance will be entertained from a group or representative of any group. All grievances will be on an individual basis.
2. Grievances must be filed within five (5) days after a potential grievable event has occurred.
3. State grievance completely and thoroughly. Grievance Form will be returned to you if it is not completed properly.
4. Grievances containing obscene language, threats or vulgar remarks will not be accepted. Inmates may be subject to disciplinary action for remarks made within the grievance and no immunity will be afforded to any inmate from civil or criminal liability for any of their acts or statements.

Statement of Grievance: Additional paper may be used, maximum of two pages. (One Inmate Grievance Form and one one-sided 8 1/2 X 11" page)

ON THE ABOVE DATE AND TIME I MR. Franklin Allen Weston WAS GETTING OUT OF THE SHOWER WHEN AT THIS TIME MY BACK GAVE OUT ON ME NOW I WAS WALKING IN A BENT OVER POSITION, I THEN ASKED OFFICER KIRBY WHO WAS WORKING GUIN UNIT, SO I ASKED KIRBY COULD HE CALL THE MEDICAL SOMETHING IS WRONG WITH MY BACK I CAN'T STAND IN A STRAIGHT NORMAL POSITION HIS REPLY WAS IF IT'S NOT AN EMERGENCY YOU HAVE TO PUT IN A SICK-CALL, THEN ANOTHER OFFICER CAME TO RELIEVE HIM AT THIS TIME IT WAS OFFICER METZLER, SO I ASKED HIM IF HE WOULD CALL HE SAID IN A MINUTE IT WAS 10:30 AM BUT HE DID NOT MAKE THE CALL UNTIL 12:30 PM WHICH WAS 2 HOURS LATER THEN THE MEDICAL STAFF ASKED HIM CAN THE INMATE WESTON WALK OVER TO US HE TOLD THEM NO SO THEY THEN TOLD OFFICER METZLER THAT THEY WERE BUSY AND THEY WOULD GET TO ME IT TOOK THEM 4 HOURS LATER WHICH WAS

List actions taken and staff you have contacted, before submitting this grievance.

Franklin County Jail

Inmate Grievance Form

Step 1 - Correctional Treatment Specialist Response:

Response attached from Prime Care Medical

Signature [Signature] Date 8/28/17 (Must respond within 10 business days)

☐ Decision Appealed by Inmate 1/2/18 (Date) Dec 1/4/18

Explain why NO ONE FROM THE MEDICAL DEPT
NEVER PUT MR. ON BED REST OR SENT
MR. TO A MEDICAL UNIT NOTHING IS IN MY
FILE TO WHERE HE WAS PLACED IN
BED REST (120.57) ORDER

Step 2 - Deputy Wardens Responses (or Designees)

No charges to their response. You were
 advised to rest by laying down
 and/or a DOJ were not
 necessary

Signature [Signature] Date 1/10/18 (Must respond within 10 business days)

☐ Decision Appealed by Inmate 1/11/18 (Date) Dec 1/12/18

Explain why THEY NEVER ADVISED ME TO REST
IF THEY SAID TO REST THEN THEY KNEW
I COULDN'T REALLY WORK OR STAND UP IN A
STRAIGHT POSITION THEN WHY I WORKED AND
MY CELL. WHEN THE OFFICER BROKE THE
THE NURSE BRYAN TOOK MY MOPS TO MY CELL

Step 3 - Warden and/or Designees

NO CHARGES TO STEP 1 & 2 RESPONSES

☐ Denied ☐ Granted ☐ Deferred for a Formal Hearing ☐ Damages Awarded * Amount \$

Signature [Signature] Date 1/12/19 (Must respond within 10 business days)

Signature _____ Date _____

2 OF 1

17-01308

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2:25 PM THEN NURSE, SIERRA, CAME AND TOOK MY VITALS AND THEN SHE TOLD THE OFFICER FRENCH TO CALL OVER AND TELL BRYAN TO BRING OVER THE WHEEL CHAIR THEN THEY ROLLED ME TO MEDICAL GAVE ME EKG ALL MY VITALS APPEAR TO BE NORMAL, THEN SIERRA ASKED ME TO TAKE A URINE SAMPLE I SAID OKAY AFTER DOING THAT SHE STATED MY URINE WAS ABNORMAL SO THEY ROLLED ME BACK TO QUIET UNIT IN THE CHAIR, AT THIS TIME OTHER INMATES STARTED HELPING TO MOVE AROUND I EVEN USE THE BOOK CART THEN LATER ON NURSE SIERRA ASK TO SEE ME IN THE CLASSROOM ON THE UNIT AT THIS TIME I STILL HAD TO STRUGGLE TO THE CLASSROOM SO WHEN IT WAS TIME FOR MEDICATION FOR THE NIGHT I ASKED OFFICER FRENCH COULD HE SEE IF THEY WOULD BRING MY MEDS TO THE SILENT 101 IN CELL 2 THE NURSE HEISER TO THEM I WAS OKAY BUT I WASNT THEY FORCE ME TO THE MEDICATION CART BY FOOT AND THEY COULD SEE THAT I WASNT IN A POSITION TO REALLY WALK OR STAND IN THE LONG MEDS LINE, ALL THESE OFFICERS WAS THERE OFFICER FRENCH, OFFICER JOHNS, OFFICER SHINDLEDECKER. I BELIEVE THIS WAS VERY UNPROFESSIONAL

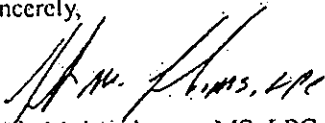
THE OFFICER Johns THAT WAS CONDUCTING THE MEDICATION LINE CALLED THE NURSE HESLER, HESLER TOLD THE OFFICER OVER THE PHONE I WAS ALRIGHT AND NURSE HESLER ALREADY KNEW THAT I COULDN'T WITH STAND IN THE MED LINE, AT THIS TIME I STRUGGLE OUT MY CELL TO HOLD ON TO THE DAYROOM TABLE I SAID IN A LOUDLY MANNER I WANT TO GO TO THE HOSPITAL, THEN OFFICER Johns CALLED LT. ELLIOT NEXT THING I KNEW I WAS BEING CUFF-UP WALKING BENT OVER IN SO MUCH PAIN WHEN I GOT TO THE HALLWAY THATS WHEN THEY GOT A WHEEL CHAIR FOR ME AND THEN I WAS ROLLED TO BOOKING FOR A DAY THEN I WAS TRANSPORTED TO E BLOCK WHICH IS SEGREGATION WHERE I RECIEVES A MISCONDUCT INSTEAD OF SENDING ME TO THE HOSPITAL, NOW YOU HAD AN INMATE ZACH KEEFER WHO INJURED HIM SELF AND THEY TOOK HIM TO THE HOSPITAL. AND HE CAME BACK THE SAME DAY.

Grievance Response 17-01308
Weston, Franklin
December 27, 2017

Mr. Weston,

Your medical record was reviewed in response to your grievance received. You claim you were not treated appropriately for your complaint of back pain. You were assessed by medical by protocol (You were told to rest by - lying down) You were observed in day space after this assessment sitting in a chair in day space. You had difficulty ambulating during these times as noted on observation reports. Medication was administered to you per protocol and policy. If you have any further medical or mental health concerns, please feel free to submit a sick call slip, the process for which can be found in your inmate handbook.

Sincerely,



Justin M. Lensbower, MS, LPC
Health Services Administrator
Director of Mental Health Services
Franklin County Jail

cc: Deputy Warden Weller
Dir. Inmate Management
PrimeCare Medical
Inmate Chart

DISCIPLINARY HEARING REPORT

Name: Weston, Franklin Allen #17-807

Current Block & Cell: E-05B

Date & Time of Hearing: 12/08/2017 10:48 PM

Misconduct #: 17-807

A copy of the misconduct report was given to the inmate on 12/07/2017 9:30 PM by Lt. Elliott.

Additional comments on hearing process, if any: N/A

Inmate is prepared to proceed ☒

Inmate plea per charge and (if any) charges dismissed at this stage of hearing: 1-2, 1-3, 1-12, 1-13, 2-6 Not Guilty 2-11 Guilty

Summary of all statements: Inmate stated he was in pain and needed help.

Requested witnesses were not called (if any) because: N/A

Inmate found guilty of charges: ☒ 2-11Inmate found NOT GUILTY OF ALL CHARGES (report expunged from record) ☐Misconduct dismissed ☐

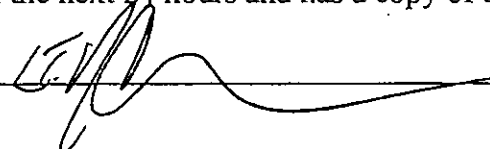
Action taken: ☐ Reduced to an **Informal Adjustment** (not counted as a misconduct) or (days) **Probation** (violation of probation will result in sanction outlined below) or (days) **Cell Confinement** (allowed first hour of yard and A.M. Sunday Church) or 5 (days) **Disciplinary Segregation (RHU)**: The Cell Confinement Sanction is **Suspended for** (days) (will finish serving suspended time is a second misconduct is received during suspended time).

Other (ie: housing move, loss of privilege, etc.) All misconducts with a decision of guilty will be assessed a \$5.00 dollar administrative processing fee.

Reason for action taken and dissenting opinions: I believe report to be true.

Date Action Starts 12/07/2017 Stops 12/13/2017

Inmate advised of the findings, action taken and the reason. Inmate advised of right to appeal the decision to the Warden by an appeal form within the next 24 hours and has a copy of this report. ☒

Signature of Hearing Examiner: Vote: Guilty



Franklin County Jail

Misconduct Report

Name: <u>Weston</u> <u>Franklin</u> <u>Allen</u> Last First Middle			Report Number: _____		
Housing Location: <u>Gulf</u> FCJ# <u>16-01128</u>			Misconduct Charge(s):		
Location of Misconduct: <u>Gulf unit</u>			<u>1-13</u> <u>1-3</u> <u>2-6</u> <u>1-2</u> <u>1-12</u> <u>2-11</u>		
Date: <u>12-7-17</u>		Time: <u>2130</u>			

OTHER STAFF OR INMATES INVOLVED

officer French		
officer Johns		
officer Shindeldecker		

STAFF MEMBER'S VERSION

On the above date and approximate time this nurse was conducting medication pass on Gulf unit when the unit officer asked if I could take GP inmate Weston Franklin his medication to his cell because he had back pain and claimed he couldn't stand up straight. I was aware that Nurse Helser assessed Weston earlier for his back. I contacted Nurse Helser who informed me that he was okay to be able to stand and walk in med line. I informed the unit officer of this who then informed Weston. When his cell door opened Weston walked out with his jumper around his waist and leaned on a table. Weston then began to yell at me saying "Fuck you, you mother fucker! I need to go to the hospital now!" Weston then began to hit the table. I had to stop medication pass due to his behavior which caused other inmates on the unit to yell at me about his medical condition. Lt Elliott was notified. End of Report.

Action Taken and Reason (completed by Shift Supervisor): <input type="checkbox"/> Informal Resolution <input checked="" type="checkbox"/> Pre-Hearing Segregation <u>Nature of Incident</u> <input type="checkbox"/> Other _____		<u>Brent Leabhart</u> <u>Brent Leabhart</u> Reporting Officer's Signature	
Action Reviewed and approved by Shift Supervisor <u>ELLIOTT/ELLIOTT/9135</u> (signature)		Date and Time Inmate Given Misconduct Copy Date: <u>12-7-17</u> Time: <u>2359</u> <u>ELLIOTT</u> (Signature of Officer serving Misconduct)	
Date: <u>12-7-17</u> Time: <u>2335</u>			

Attachments: _____

MR FRANK ALLEN WESTON
FRANKLIN COUNTY JAIL
1804 OPPORTUNITY AVE
CHAMBERSBURG, PA. 17201

RECEIVED
SCRANTON

JUL 12 2019

PER

DEPUTY CLERK

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